

**SUMMARY REPORT DIGEST-
COMPLAINT REGISTER INVESTIGATION NO.:
CHICAGO POLICE DEPARTMENT**

301249

DATE OF REPORT (DAY-MO-YEAR)

15 DEC 06

To be used in all cases that are to be classified as either EXONERATED, UNFOUNDED, NOT SUSTAINED or in SUSTAINED cases where the Disciplinary Recommendation does not exceed FIVE (5) DAYS SUSPENSION.

SUBMIT ORIGINAL AND 3 COPIES IF ASSIGNED TO SAME UNIT AS ACCUSED.
SUBMIT ORIGINAL AND 4 COPIES IF NOT ASSIGNED TO SAME UNIT AS ACCUSED.

TO: SUPERINTENDENT OF POLICE

ATTENTION

☒ ADMINISTRATOR IN CHARGE, OFFICE OF PROFESSIONAL STANDARDS
☐ ASSISTANT DEPUTY SUPERINTENDENT, INTERNAL AFFAIRS DIVISION

FROM- INVESTIGATOR'S NAME		RANK	STAR NO.	SOCIAL SEC. NO.	EMPLOYEE NO.	UNIT ASSIGN.	
VAIL, Mark G.		SGT	874			650	
ADDRESS OF INCIDENT			DATE OF INCIDENT - TIME		BEAT (OF INCIDENT)	LOCATION CODE*	
71 S. Campbell			12 OCT 04 - 1100		0831	290	
ACCUSED	NAME	RANK	STAR NO.	SOCIAL SEC. NO.	EMPLOYEE NO.	UNIT ASSIGN	
	1. FORBERG, Brian L.	DET	21249			610	
	2. FOSTER, John L.	DET	20288			610	
	SEX/RACE D.O.B.	DATE OF APPOINTMENT		DUTY STATUS (TIME OF INCIDENT)		PHYS. COND. CODE†	
	1. M/W 60	10 JUL 95		<input checked="" type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY			
	2. M/W 66	18 NOV 91		<input checked="" type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY			
IF APPLICABLE - DATE ARRESTED/INDICTED		CHARGES		COURT BRANCH	DISPOSITION & DATE		
1.							
2.							
COMPLAINANTS	NAME	ADDRESS**	CITY STATE	TELEPHONE	SEX/RACE	D.O.B./AGE	PHYS. COND. CODE†
			Chicago, IL 60629		M/B	54	UNK
VICTIMS	NAME	ADDRESS**	CITY STATE	TELEPHONE	SEX/RACE	D.O.B./AGE	PHYS. COND. CODE†
WITNESSES	NAME	ADDRESS**	CITY STATE	TELEPHONE	SEX/RACE	D.O.B./AGE	PHYS. COND. CODE†

☐ SEE ATTACHED SHEET FOR ADDITIONAL ACCUSED, COMPLAINANTS, VICTIMS, WITNESSES.

ALLEGATIONS

The complainant alleges that two male white casually dressed officers, FOSTER & FORBERG, entered and searched residence because is wanted for questioning of a homicide. The complainant alleges that one of the officers pointed a weapon toward his head. The complainant further alleges that while one of the officers were attempting to handcuff him, he was burnt with a lit cigarette.

ARREST: NONE
INJURY: Burn On The Right Wrist
MEDICAL ATTENTION: NONE

I.A.D. LOCATION CODES*

01 Food Sales/Restaurant	11 Public Transportation Veh./Facility
02 Tavern/Liquor Store	12 Park District Property
03 Other Business Establishment	13 Airport
04 Police Building	14 Public Property Other
05 Lockup Facility	15 Other Private Premise
06 Police Maintenance Facility	16 Expressway/Interstate System
07 CPD Automotive Pound Facility	17 Public Way - Other
08 Other Police Property	18 Waterway, Incl. Park District
09 Police Communications System	19 Private Residence
10 Court Room	

I.A.D. PHYSICAL CONDITION CODES†

01 No Visible Injury - Apparently Normal
02 No Visible Injury - Under Influence
03 Injured, Not Hospitalized
04 Injured, Not Hospitalized - Under Influence
05 Injured, Hospitalized
06 Injured, Hospitalized - Under Influence
07 Injured, Refused Medical Aid
08 Injured, Refused Medical Aid - Under Influence
09 Deceased
10 Deceased - Under Influence

* IF CPD MEMBER, LIST RANK, STAR, SOCIAL SECURITY, EMPLOYEE NOS. IN ADDRESS BOX, PAX/BELL IN TELEPHONE BOX

CPD-44.112A (1/84)

C.R. NO.

301249

Attachment #2

Briefly summarize the investigation describing your efforts to prove or disprove the allegation(s). Indicate whether witnesses or evidence support or do not support the allegation(s).
In sustained cases ONLY, copies of the accused member's Summary of Previous Disciplinary Actions and Record of Previous Complimentary History will be included as attachments.

SEE INVESTIGATOR'S REPORT (Attachment #3)

SUMMARY

ATTACHMENTS	INVESTIGATIVE REPORTS- SUPPORTING ALLEGATION LIST ATTACHMENT NUMBERS:	INVESTIGATIVE REPORTS- SUPPORTING ACCUSED MEMBER(S) LIST ATTACHMENT NUMBERS:	PHYSICAL EVIDENCE LIST ATTACHMENT NUMBERS:	TOTAL NUMBER OF ATTACHMENTS SUBMITTED WITH THIS FILE:
	1	3	0	8

Summarize the findings and recommendations. Rule violations will be cited by number only. One overall recommendation for Disciplinary Action will be made by the investigator. The recommendation will be for ALL sustained findings; recommendations will NOT be made for each sustained allegation.
Example: 1. Violation noted, no disciplinary action warranted. 2. That the accused member be reprimanded. 3. That the accused member be suspended for days (not to exceed 5 days).

FINDINGS-RECOMMENDATIONS

The complainant has failed to contact the assigned investigator and sign the Sworn Affidavit of Allegation(s). This investigation is closed as UNFOUNDED.

No disciplinary action to be taken.

DATE INITIATED (DATE COMPLAINT WAS RECEIVED FOR INVESTIGATION)	18 OCT 04	DATE COMPLETED (DATE OF THIS REPORT)	15 DEC 06	ELAPSED TIME (TOTAL TIME, EXPRESSED IN DAYS)	756
Investigator will initiate the Command Channel Review form by completing the Investigator's Section.			INVESTIGATOR		

IF NECESSARY, USE AN 8 1/2 x 11" SHEET OF WHITE PAPER TO CONTINUE ANY ITEM.

LIST OF ATTACHMENTS

- 1) Complaint Against Department Member
- 2) Summary Report Digest
- 3) Investigator's To -- From Report
- 4) Request For Contact Letter
- 5) Request For Contact Envelope
- 6) Request For Time Extension
- 7) Certified Letter Receipt Arrival At U.S. Post Office
- 8) Domestic Return Receipt For Certified Letter